

REGISTRATION FORM (Please print or type registration information)

Registrant _____

Address _____ City _____

State _____ Zip Code _____

Daytime Phone Number _____ E-mail Address _____

Membership Registration

	<u>By Nov 1</u>	<u>After Nov 1</u>	<u>No.</u>	<u>Total</u>
Life Member*	___\$275.00	___\$300.00	___	\$_____
Member*	___\$310.00	___\$335.00	___	\$_____
Non Member*	___\$330.00	___\$355.00	___	\$_____
Retiree*	___\$200.00	___\$200.00	___	\$_____
Student*	___\$200.00	___\$200.00	___	\$_____
Guest Luncheon	___\$ 25.00	___\$ 25.00	___	\$_____
Guest Banquet	___\$45.00	___\$ 45.00	___	\$_____

(*Registration includes program materials, 1 continental breakfast, morning and afternoon breaks, tickets for two luncheons, and banquet)

Total Due = \$_____

Do you require any special accommodations or have any dietary restrictions?
(If yes, please specify) _____Yes _____No

Will you attend the conservation tours scheduled on December 8, 2006? _____Yes _____No

For the banquet, please make your selection for the dinner entrée:

___Tenderloin of Beef ___Chicken ___Salmon

Payment Information (*Make payment to The Organization and payment must accompany registration form*):

- ☐ Check
☐ Money Order

Charge my: _____ American Express Card Account Number _____
 _____ Discover Card Expiration Date _____
 _____ Master Card Cardholder Signature _____
 _____ Visa Card

Mail payment to: Cynthia Stanford, Financial Secretary, The Organization
P.O. Box 26164, Little Rock, AR 72221-6164

The higher onsite registration rate will apply to all registrations post marked after November 1, 2006.

Refund Policy: 100% if registration is cancelled by November 1, 2006

50% if registration is cancelled by November 15, 2006

0% after November 15, 2006

For cancellations contact: **Cynthia Stanford at (501)301-3176**